1015									Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECORD											- Imarila				
Effective December 29, 1999 09/52/7/6															
CLAIMS AS FILED - PART I									SMALL ENTITY			OTHER THAN			
50	ND		والمستحدث والمستجد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد				IMN 2)	TYPE			OR				
FOR			NOWIDEN FILED			NUMBER EXTRA			RATI	E	FEE		RATE	FEE	
BASIC FEE									** ;	<u>:</u>	345.00	OR		690.00	
TOTAL CLAIMS			minus 20=			. 7			X\$ 9=			OR	X\$18=	126	
INDEPENDENT CLAIMS				7 minus	3=	. 6			X39=	=		OR	X78=	468	
MULTIPLE DEPENDENT CLAIM PRESENT									+130	_		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2								i	TOTAL			OR	TOTAL	128	
	C	S AS A	MENDE					3	OTHER	THAN					
(Column 1) (Column 2) (Column 3)									SMAI	LLE	NTITY	OR	SMALL	ENTITY	
AMENĎMENT A	10/1/04	REMA AF	IIMS UNING TER DMENT	٠	PA	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATI	111	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total · ···	$\cdot \partial$	Ω .	Minus ·	**	27	=-		X\$ 9	=		OR	X\$18=		
ME	Independent	·	9	Minus	***	9_	=		X39=	=		OR	X78=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								400				1200		
									+130	- 1		OR	+260=		
(Column 1) (Column 2) (Column 3)									ADDIT. F			OR	ADDIT. FEE		
_		imn 1)_ AIMS	r												
AMENDMENT B		REMA AF	AINING TER DMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	٠		Minus	**		=		X\$ 9:	-		OR	X\$18=	,	
	Independent	Ŀ		Minus	***		=		X39=			OR	X78=		
Ë	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA							 	+130:				+260=		
								L	TO1			OR	TOTAL		
ghrig. e	Skilly-war.									EE		OR	ADDIT. FEE	L	
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST															
AMENDMENT C		REMA AF	AINING TER DMENT		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	=	ÄDDI- TIONAL FEE	•	RATE	ADDI- TIONAL FEE	
NDM	Total	·		Minus	••		=		X\$ 9=	= ·		OR	X\$18=		
AME	Independent	·	11.05.1:	Minus	***		=		X39=			OR	X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									, +130=		•	OR	+260=		

(Rev. 12/99)

FORM PTO-875

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

TOTAL

ADDIT. FEE

TOTAL

ADDIT. FEE